Name in Full: Dora Stevenson Blake

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield — County: Somerset

Date of death 1904: Month: August — Day: 17

Age: Years: 6 — Months: — Days: —

Sex: Female — Color or Race: Black — Birthplace: Crisfield

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: John Stevenson — Father's Birthplace: Somerset Co

Mother's Maiden Name: Frankie Blake — Mother's Birthplace: "

Name of person giving Information: " " — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Burns — How long:

Immediate: " — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes —

Signature of Physician: W. H. Coulbourn, —

Address: Crisfield, Md

Accident or Suicide? accident, —

LIBRARY BUREAU A8516

Name in Full: John Bosman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Upper Fairmount, County: Somerset

Date of death 1904: Month: Aug, Day: 23, Age — Years, 6 Months, — Days

Sex: Male | Color or Race: White | Birthplace: Fairmount

Married, Single or Widowed: —

Occupation:

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Bosman | Father's Birthplace: Somerset Co

Mother's Maiden Name: Feroone Berry | Mother's Birthplace: Somerset Co

Name of person giving information: — | How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum | How long: 3 Days

Immediate: | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G E Dickinson

Address: Upper Fairmount Md

Accident or Suicide?

LIBRARY BUREAU A0831G

Name in Full: Winfred L Bozman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dames Quarter — County: Somerset

Date of death 1904 — Month: Aug — Day: 8th — Age: Years — Months: 2 — Days:

Sex: Male — Color or Race: White — Birthplace: Som Co.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Woodland Bozman — Father's Birthplace: Som Co.

Mother's Maiden Name: Lida White — Mother's Birthplace: Som Co.

Name of person giving In formation: Woodland Bozman — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus — How long: 1 mo.

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. J. Widdes, M.D.

Address: Dames Quarter, Som Co. Md.

Accident or Suicide: —

LIBRARY BUREAU

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mary Denis

Died at: Town: mt vernon — County: Somerset

Date of death: Month: august — Day: 7 — Year: 1904

Age: Years: — Months: 11 — Days: 4

Sex: fmail — Color or Race: Colerd — Birthplace: mt vernon

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Denis — Father's Birthplace: Mt vernon

Mother's Maiden Name: nancy Colins — Mother's Birthplace: mt vernon

Name of person giving Imformation: George Collins — How related to deceased: grand fathe

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Colera in fantom — How long: 2 months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address: Dale Dashiell

Accident or Suicide?

under taker

LIBRARY BUREAU A82015

Name in Full: John Mully Fields

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Dames Quarter — County: Somerset

Date of death 1904 — Month: August — Day: 30 — Years: 34 — Months: — Days:

Sex: Male — Color or Race: black — Birthplace: Dames Quarter

Occupation: Waterman — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Joshua Fields — Father's Birthplace:

Mother's Maiden Name: Sarepta Jones — Mother's Birthplace:

Name of person giving Information: Joshua Fields — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Natural Causes — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Joseph Talbert T. White Jr.

Address: Wm H. Harrison M.D.

Accident or Suicide?

Disregard

LIBRARY BUREAU A82316

Name in Full — Hall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Oriole — County: Somerset

Date of death 190 4 — Month: aug — Day: 31 — Age: ~~Years~~ — Months: 2 — ~~Days~~

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: ✓ — Occupation: ✓

Name of Wife or Husband: ✓

Father's Name: George Hall — Father's Birthplace: Md

Mother's Maiden Name: Birdie Brewington — Mother's Birthplace: Md

Name of person giving In formation: Gostall — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition — How long: 2 mos

Immediate: Exhaustion — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R L Dashiell M.D.

Address: Oriole Md

Accident or Suicide? No

LIBRARY BUREAU A88616

Name in Full: Parker Hayward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Pocomoke City County: Somerset

Date of death 1904: Month: Aug Day: 21 Age: Years: 75 Months: Days:

Sex: Male Color or Race: colored Birthplace: Somerset Co

Occupation: Laborer Where Residing if not at place of death: Dublin Dist. " "

Married, Single or Widowed: Married Name of Wife or Husband: Louisa

Father's Name: Dont Know Father's Birthplace: Dont Know

Mother's Maiden Name: " " Mother's Birthplace: " "

Name of person giving information: Wesley Johnson How related to deceased: Neighbor

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: a Fall injury to head How long: 4 Weeks

Immediate: Paralysis + Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Saml S Purnell

Address: Pocomoke City Md

Accident or Suicide?

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LIBRARY BUREAU A83316

Name in Full: Thos Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Princess Anne — County: Somerset

Date of death 1904 — Month: Aug — Day: 4 — Age: Years 59 — Months 8 — Days

Sex: Male — Color or Race: Colored — Birthplace: Worcester

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mrs Brown

Father's Name: Daniel Johnson — Father's Birthplace: Worcester

Mother's Maiden Name: Esther " — Mother's Birthplace: "

Name of person giving Information: Wife — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long:

Immediate: Asthma — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. H. Smith M.D.

Address: Princess Anne Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Albert E Kramer Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Princess Anne; County: Somerset

Date of death: Month: 8; Day: 20; 1904

Age: Years: —; Months: 10; Days: 2

Sex: Male

Color or Race: White

Birthplace: Pr Anne

Occupation: —

Where Residing if not at place of death: —

Married, Single or ~~Widowed~~

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Albert E Kramer

Father's Birthplace: Salisbury Md

Mother's Maiden Name: Rose Lankford

Mother's Birthplace: Princess Anne

Name of person giving information: Mother, Rose Kramer

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ileo Colitis

How long: 2 weeks

Immediate: Asthenia

How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M P Goldsborough

Address: Anne. Md.

Princess

Accident or Suicide?

LIBRARY BUREAU A6901G

Name in Full: Elsie McDaniel

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Arabia; County: Somerset

Date of death 1904: Month: Aug; Day: 31

Age: ~~Years~~ Months: 10 ~~Days~~

Sex: Female

Color or Race: White

Birthplace: Md

Married Single or Widowed: —

Occupation: —

Name of Wife or Husband: ✓

Father's Name: Wm McDaniel

Father's Birthplace: Md

Mother's Maiden Name: Emma Revell

Mother's Birthplace: Md

Name of person giving In formation: Wm McDaniel

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus

How long: 6 mos

Immediate: Exhaustion

How long: 3 dys

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R L Stayt M.D.

Address: Ariel Md

Accident or Suicide? No

LIBRARY BUREAU A88016

Name in Full: Thomas E. Mears.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Crisfield — County: Somerset

Date of death 1904: Month: Aug. — Day: 15th — Age: Years: — Months: 8 — Days:

Sex: Male — Color or Race: White — Birthplace: Crisfield

Married, Single or Widowed: — Occupation: Infant

Name of Wife or Husband: —

Father's Name: John T. Mears — Father's Birthplace: Crisfield

Mother's Maiden Name: Coral Laird — Mother's Birthplace: Crisfield

Name of person giving information: Coral Mears. — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mal-Nutrition — How long: 6 months

Immediate: Cholera Infantum — How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? yes. — Signature of Physician: C. E. Collins.

Address: Crisfield, Md.

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: John Wesley Murrell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hebron — County: Somerset

Date of death 1904 — Month: aug — Day: 6 — Age: Years 73 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: married — Occupation: Farmer

Name of Wife or Husband: Amelia E Austin

Father's Name: John Murrell — Father's Birthplace: Md

Mother's Maiden Name: Lucresia Magee — Mother's Birthplace: Md

Name of person giving Information: Irvin Murrell — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sarcoma of back — How long: 2 years

Immediate: Asthenia — How long: 6 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R L Dwyer M.D.

Address: Arcadia Md

Accident or Suicide? No

LIBRARY BUREAU A33516

Name in Full: Mary Parks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield — County: Somerset

Date of death: 1904 — Month: Aug — 28

Age: Years: 0 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: Robt Parks

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Dashiell — Father's Birthplace: Md

Mother's Maiden Name: Betsy Sheppard — Mother's Birthplace: —

Name of person giving Information: Robt Parks — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long: 18 Mos

Immediate: Anemia — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. Lee Stoyff M.D.

Address: Crisfield Md

Accident or Suicide? No

LIBRARY BUREAU

Name in Full: Handy Powell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hopewell — County: Somerset

Date of death: Month: Aug — Day: 10 — 1904

Age: Years: 56 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: near Hopewell Md

Occupation: Farmer — Where Residing if not at place of death: Same Place

Married, Single or Widowed: Married — Name of Wife or Husband: Louisa Powell

Father's Name: John Powell — Father's Birthplace: Somerset Co

Mother's Maiden Name: Louisa Riggin — Mother's Birthplace: do

Name of person giving information: Wife — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchitis — How long: one year

Immediate: — How long: one year

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. H. Somers

Address:

Accident or Suicide?

LIBRARY BUREAU ASSETS

Name in Full: Edward Pusey Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Princess Anne; County: Somerset

Date of death: Month: 8; Day: 11; 1904

Age: Years: —; Months: 7; Days: —

Sex: Male

Color or Race: White

Birthplace: Princess Anne

Occupation: —

Where Residing if not at place of death: —

Married, Single or ~~Widowed~~: —

Name of ~~Wife~~ or Husband: —

Father's Name: Edward Pusey.

Father's Birthplace: Princess Anne

Mother's Maiden Name: Mamie D Fyder

Mother's Birthplace: Princess Anne

Name of person giving information: Chas H Hayman

How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Infarctum 10 5Y

How long: 24 Hours.

Immediate: Convulsions.

How long: 2 Hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M H Goldsborough

Address: Maryland.

Princess Anne

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Eliza Riggin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Crisfield — County: Somerset

Date of death 1904 — Month: Aug — Day: 11 — Age: Years 69 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housekeeper — Where Residing if not at place of death

Married, Single or Widowed: Widow — Name of Wife or Husband

Father's Name: James Somers — Father's Birthplace: Maryland

Mother's Maiden Name: Grace Nelson — Mother's Birthplace: Maryland

Name of person giving information: — How related to deceased

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Diarrhoea — How long: 6 months

Immediate: — — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. F. Heed

Address: Crisfield, Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mrs Cora Roach

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bedsworth | County: Somerset

Date of death: 1904 | Month: 8 | Day: 28 | Age: Years: 32 | Months | Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female | Color or Race: White | Birthplace: Marion Md

Occupation: Housewife | Where Residing if not at place of death: Bedsworth Md

Married, Single or Widowed: Married | Name of ~~Wife or~~ Husband: George Roach

Father's Name: Wm D. Howard | Father's Birthplace: Marion Md

Mother's Maiden Name | Mother's Birthplace

Name of person giving Information: — | How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mammary Epithelioma | How long: one year

Immediate: Cancer of Liver | How long: 3 months

Are the name, age, sex, color, date and place correctly given above? yes | Signature of Physician: W. S Hall

Address: Crisfield Md

~~Accident or Suicide?~~

LIBRARY BUREAU A68518

Name in Full: Ida M. Roberts

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dames Quarter; County: Somerset

Date of death 1904: Month: Aug.; Day: 9th; Age: Years: 18; Months: —; Days: —

Sex: Female; Color or Race: Colored; Birthplace: Som. Co.

Occupation: Housewife; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of Wife or Husband: Clarence Roberts

Father's Name: Jas. Jones; Father's Birthplace: Som. Co.

Mother's Maiden Name: Emily White; Mother's Birthplace: Som. Co.

Name of person giving Information: Joslyn White; How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis; How long: one year

Immediate: Asthenia; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. J. Winder, M.D.

Address: Dames Quarter Somerset Co. Md.

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Christiana Rees

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Ariale — County: Somerset

Date of death 1904 — Month: Aug — Day: 23 — Age: Years 87 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation:

Name of Wife or Husband: William Rees

Father's Name: John W. Smith — Father's Birthplace: Md

Mother's Maiden Name: Nancy Wilson — Mother's Birthplace: Md

Name of person giving information: Edw Smith — Related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Diffuse Nephritis — How long: 30 mos.

Immediate: Ascites — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R L Hoyt M.D.

Address: Ariale Md.

Accident or Suicide? No

LIBRARY BUREAU A86516

Name in Full: Mrs Nancy Sterling

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield; County: Somerset

Date of death 190 4: Month: August; Day: 29

Age: Years: 53; Months; Days

Sex: F; Single; Color or Race: White; Birthplace: Somerset Co

Married, Single or Widowed: Married; Occupation: Housewife

Name of Wife or Husband: George B. Sterling

Father's Name: Aaron Sterling; Father's Birthplace: Somerset Co

Mother's Maiden Name: Grace Sterling; Mother's Birthplace: "

Name of person giving In formation: Douglas Sterling; How related to ~~deceased~~: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma Uteri; How long

Immediate: Asthenia; How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. T. Coulbourn

Address: Crisfield, Md.

Accident or Suicide?

LIBRARY BUREAU AP8516

Name in Full: Elizabeth E Tyler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oriole — County: Somerset

Date of death 1904: Month: Aug — Day: 12 — Age: Years 27 — Months — Days —

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation:

Name of Wife or Husband: George Tyler

Father's Name: Benjamin Lawrence — Father's Birthplace: Md

Mother's Maiden Name: Acquila Hopkins — Mother's Birthplace: Md

Name of person giving information: George Tyler — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma of Stomach — How long: 16 months

Immediate: Asthenia — How long: 4 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R L Haugh M.D.

Address: Oriole, Md.

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88918

Name in Full: Not named

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dames Quarter — County: Somerset

Date of death: Month: Aug. — Day: 28th — 1904

Age: Years: — Months: — Days: 14

Sex: Female — Color or Race: White — Birthplace: Som. Co.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Cornelius Miller — Father's Birthplace: Som. Co.

Mother's Maiden Name: Annie White — Mother's Birthplace: Som. Co.

Name of person giving In formation: Cornelius Miller — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac disease — How long: —

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. J. Windsor, M.D.

Address: Dames Quarter, Somerset Co., Md.

Accident or Suicide: —

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LIBRARY BUREAU A66518

Name in Full: No Name

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lawsonia; County: Somerset

Date of death 1904: Month: Aug; Day: 31. Age: ~~Years~~ one hour; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Lawsonia

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: William E Ward; Father's Birthplace: Lawsonia Md.

Mother's Maiden Name: Theodosia Lawes; Mother's Birthplace: Md

Name of person giving Information: Mother; How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth; How long: 5

Immediate:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M F Hall

Address: Crisfield Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: William Warrick

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kingston; County: Somerset

Date of death 1904: Month: 8; Day: 29

Age: Years: 75-; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Somerset Co Md

Married, Single or Widowed: Married

Occupation: Farmer

Name of Wife or Husband: Alice Warrick

Father's Name: Dont Know

Father's Birthplace: Dont Know

Mother's Maiden Name: Dont Know

Mother's Birthplace: " "

Name of person giving In formation: Alice Warrick

How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer

How long: 2 years

Immediate: "

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Alice Warrick (wife)

Address: Kingston Md

Accident or Suicide? No Physician in attendence

PHYSICIAN OR CORONER

LIBRARY BUREAU, A88516

Name in Full: Emma M. Webster

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Deale — County: Anne Arundel

Date of death 190 4 — Month: Oct — Day: 12 — Age — Years: 42 — Months — Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Married — Occupation: Housework

Name of Wife or Husband: James W. Webster

Father's Name: Silas Courtis — Father's Birthplace: Md

Mother's Maiden Name: Adaline Gibson — Mother's Birthplace: Md

Name of person giving Information: James W. Webster — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchial Asthma — How long: 6 days

Immediate: Asthma — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. G. Alexander

Address: Deale Md

Accident or Suicide? No

LIBRARY BUREAU A80516

Name in Full: William P. White

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Dames Quarter — County: Somerset

Date of death: 1904 — Month: aug. — Day: 21st — Age: Years 69 — Months — — Days —

Sex: Male — Color or Race: Colored — Birthplace: Som. Co.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Sarah White

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Sarah White — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 4 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. J. Windsor M.D.

Address: Dames Quarter, Somerset Co. Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Liza Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Princess Anne — County: Somerset

Date of death 190	Month	Day	Years	Months	Days
	Aug	23	Age 66	—	—

Sex: Female — Color or Race: Black — Birthplace: Md

Married, Single or Widowed: Widower — Occupation:

Name of Wife or Husband: John Williams

Father's Name: Stephen Jones — Father's Birthplace: Md

Mother's Maiden Name: Mont Brown — Mother's Birthplace: —

Name of person giving information: Grant Jones — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's — How long: 12 mo

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: L. Henderson M.D.

Address: Princess Anne Md

Accident or Suicide?

LIBRARY BUREAU 833515